MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69366

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua Adkins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Lettie Adkins
6 (c) If alive, give age about 70 years

7. Birth date of deceased (mo., day, yr.) March 17 1870

8. AGE: Years	Months	Days	If less than one day
69	6	7	hrs. min.

9. Birthplace Snow Hill Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Wm Adkins
13. Birthplace Snow Hill. Md.

MOTHER
14. Maiden name Ellen Shockley
15. Birthplace Snow Hill. Md.

16. Informant Bradley Adkins
Address Snow Hill. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 26-39 (month) (day) (year)
Cemetery or crematory M. P. Cemetery
Location Snow Hill
18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 9/25 1939 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1939, at 1:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Heart trouble	unknown
variety unknown	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. Deputy Med. Examiner (M. D. or other)
Address Snow Hill Date signed 9/24/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 355

09367

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Showells.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Showells.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel May Coelus.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age 13 years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1939

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Phillip Coelus.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Fassett.
15. Birthplace Md.

16 (a) Informant Phillip Coelus.
(b) Address Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1939 (month) (day) (year)
(c) Cemetery or crematory Showells, Burial
Location Showells, Md

18 (a) Funeral director J. W. Burbage
(b) Address Berlin, Md.

19 (a) 9-15-39 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 14 1939 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Premature Birth — Duration
Due to according to midwife —
Due to
Other conditions (not in attendance)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Lawrence M.D.
M. D. or other
Address Berlin Md Date signed 9-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a)

Reg. Dist. No. 355

09368

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 47 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Berlin
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anna Fitzgerald

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: ne
6 (b) Name of husband or wife: Anna Fitzgerald
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) March 17, 1885
8. AGE: Years 39 | Months 5 | Days 18 | If less than one day ____hr. ____min.
9. Birthplace Va (Town, county, and state)
10. Usual occupation Butler
11. Industry or business

FATHER
12. Name Geo. Fitzgerald
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Anna Fitzgerald
(b) Address Berlin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Berlin md.
Location Berlin md.

18 (a) Funeral director J. H. Bunting
(b) Address Berlin Md.

19 (a) 9-8-39 (Date rec'd by registrar) (b) Helen J. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 6 1939, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939, to Sept 6 1939, and that I last saw him alive on Sept 4 1939.

Immediate cause of death: Chronic Endocarditis — Duration ?

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Clifford E. Talbott M.D. (M. D. or other)
Address Berlin Md. Date signed Sept 7, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 4 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (23)

CERTIFICATE OF DEATH

09369

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Girdletree Rural 1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Girdletree Rural 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Samuel Holland

3. (b) Social Security Number Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Marie Holland

6(c) If alive, give age 17 years

7. Birth date of deceased (mo., day, yr.) May 23 - 1916

8. AGE:

Years	Months	Days	If less than one day
23	3	29	hrs. min.

9. Birthplace Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Holland
13. Birthplace Maryland

MOTHER
14. Maiden name Cordelia Hudson
15. Birthplace Maryland

16. Informant Cordelia Hudson
Address Girdletree Md Rural 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 24-39 (month) (day) (year)

Cemetery or crematory Woodspring
Location Near Girdletree Md

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 9/23 1939 LeRoy Smith.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1939, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22 1939 to Sept 22 1939, and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary Tuberculosis.	1 yr.
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. Deputy Med Exr.
M. D. or other
Address Snow Hill Md Date signed 9/22/39

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OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0370

1. PLACE OF DEATH (159)

County Worcester Registration Dist. No. 35/

Village or City Snow Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jackson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	5 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Snow Hill
(State or country)

FATHER

13. NAME Luther Aydelotte

14. BIRTHPLACE (city or town) Da
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) Middlefield Md.
(State or country)

17. INFORMANT Fronia Jackson
(Address) Snow Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baptist Cemetery Date Sept 16 1939

19. UNDERTAKER Luther Aydelotte
(Address) Snow Hill, Md.

20. FILED 9/16 1939 LeRoy Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 15 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 8.30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature birth -	
20 days midwife	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) LeRoy Smith L. D. #35 M. D.

(Address) Snow Hill, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-M) (10) Reg. Dist. No. 355

CERTIFICATE OF DEATH

09371

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town near Ocean City
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Del (b) County Sussex
(c) City or town Dagsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) **FULL NAME** Otis Long.

3 (b) If veteran, name war —

3 (c) Social Security No. 222-01-6225

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4, 1920

8. AGE: Years 18 Months 9 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Dagsboro Del
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Poultry Business

FATHER
12. Name Joseph L. Long.
13. Birthplace Dagsboro Del

MOTHER
14. Maiden Name Nancy Parsons
15. Birthplace Delaware

16 (a) Informant Herbert Calhoun
(b) Address Dagsboro Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Millsboro Del
Location Millsboro Del

18 (a) Funeral director John W. Burbage
(b) Address Berlin Md

19 (a) 9-25-39 (Date rec'd by registrar) (b) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 23 1939, at 7.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw him alive on — 19—.

Immediate cause of death	Duration
Fractured Skull	—
Due to automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Fractured Skull

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 23 1939
(c) Where did injury occur? Ocean City (City or town) Worcester (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury automobile accident

23. Signature John L. Riley M.D. Deputy M.D. or other
Address Snow Hill Md Date signed 9/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1939
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93a) 10 Reg. Dist. No. 355 09372

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 m

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Pa. (b) County Allegany
(c) City or town Pittsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. ✓
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Rebecca A. Oltman

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife J. Wood Oltman

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 14, 1852

8. AGE: Years 87 | Months 4 | Days 14 | If less than one day ____ hr. ✓ ____ min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER 12. Name Joseph Adams
13. Birthplace Va.

MOTHER 14. Maiden Name Sarah Hays
15. Birthplace Va

16 (a) Informant Murray Oltman
(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Pittsburg Pa.
Location Pittsburg Pa.

18 (a) Funeral director J. W. Burbage
(b) Address Berlin md

19 (a) 9-29-39 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death September 27 1939, at 3:09 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1939, to Sept 27 1939, and that I last saw him alive on Sept 27 1939.

Immediate cause of death	Duration
Myocarditis	2 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick L. Reed M.D.
M. D. or other
Address Berlin, Md Date signed 9-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09373

1. PLACE OF DEATH

County Worcester — Registration Dist. No. 855

Village or City Showell's, Md. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 1 mos. 30 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Levin Leon Riley

(a) Residence: No. Showell's, Md. St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	B.	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): July 4, 1939

7. AGE — Years: — Months: 1 Days: 30 27 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Infant

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Showells, Maryland.

FATHER

13. NAME: Ardale Riley

14. BIRTHPLACE (city or town) (State or country): Showell's Maryland.

MOTHER

15. MAIDEN NAME: Pleasant Smith

16. BIRTHPLACE (city or town) (State or country): Showell's Maryland.

17. INFORMANT (Address): Father; Ardale Riley Showell's.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bishops, Md. Date: Sept. 2, 1939

19. UNDERTAKER (Address): Ardale Riley (Father) Showell's, Md.

20. FILED 9-2-, 1939 Helen I. Hayward, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1939, to Sept. 1, 1939

I last saw him alive on Sept. 1, 1939; death is said to have occurred on the date stated above, at 11:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	Aug 15 '39

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Infant

~~If so, specify~~ Infant

(Signed) Frank R. Lewis M. D.

(Address) Willards Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

09374

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 500 Market Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Reed Smullin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John Eagle Smullen, Jr.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 15, 1858

8. AGE: Years	Months	Days	If less than one day
80	10	2	hrs. min.

9. Birthplace: Philadelphia-Philadelphia-Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Norton Dunhan
13. Birthplace: Egypt, New Jersey

MOTHER
14. Maiden name: Mary Jane Reed
15. Birthplace: Philadelphia, Pa.

16. Informant: John Smullin
Address: 500 Market St., Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 19, 39 (month) (day) (year)

Cemetery or crematory: Presbyterian Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Sept. 18 1939 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17, 1939, at 5:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Sept. 17 1939, and that I last saw her alive on Sept. 16, 1939

Immediate cause of death	DURATION
Chronic Myocarditis	
Chronic Nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. A. Tucker, M. D.
M. D. or other

Address: Pocomoke City, Md. Date signed: 9/18/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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